



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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## LOBBYIST REGISTRATION FORM

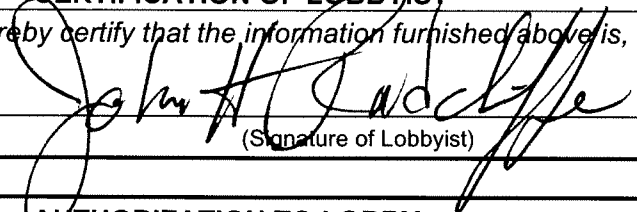
STATE OF HAWAII  
STATE ETHICS COMMISSION

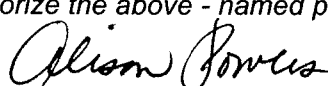
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Radcliffe	John	H	808 531-4551
MAILING ADDRESS (Street)			FAX
222 S. Vineyard Blvd. Suite 401			808 533-4601
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Radcliffe and Associates			808 531-4551
MAILING ADDRESS (Street)			FAX
222 S. Vineyard Blvd. Suite 401			808 533-4601
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2453	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Insurers Council		808 525-5877
MAILING ADDRESS (Street)		FAX
1001 Bishop Street, Pauahi Tower, Suite 2010		808 525-5879
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Malia Gibson		808 525-5877
MAILING ADDRESS (Street)		FAX
1001 Bishop Street, Pauahi Tower, Suite 2010		808 525-5879
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>property and casualty insurance</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u></u> (Signature of Lobbyist)	<u>12/28/06</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Alison Powers	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Insurers Council	808 525-5877	
MAILING ADDRESS (Street)	FAX	
1001 Bishop Street, Pauahi Tower Suite 2010	808 525-5877	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u></u> (Signature of Authorizing Officer or Person Represented)	<u>12/28/06</u> (Date)	